

GYN/PHYSICAL EXAM

DATE _____ CHART NO. _____

NAME _____ COMPLETED _____ UPDATE _____

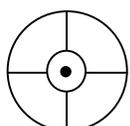
AGE _____ BP _____ P _____ LMP _____
CLINICAL Hx HT _____ WT _____ BMI _____
 CONTRACEPTION _____
 PROBLEM _____

CLINICAL Hx

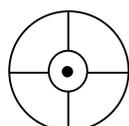
OC REFILL _____
 BTB _____
 MISSED MENSUS _____
 TOBACCO USE _____
 MEDS _____
 ACHES _____

PE	NORMAL	ABNORMAL
THYROID	_____	_____
LUNGS	_____	_____
HEART	_____	_____
ABDOMEN	_____	_____
LYMPH NODES	_____	_____
EXTREMITIES	_____	_____
OTHER	_____	_____

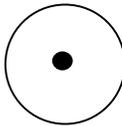
BREASTS _____ MASS _____
 FIBROUS _____ DISCHARGE _____
 CYSTIC _____



RIGHT



LEFT

	NORMAL	ABNORMAL
PELVIC VULVA	BUS	ERYTHEMA EXCORIATION LESIONS CYST
		
VAGINA	RUGAE	DISCHARGE ODOR INFLAMMATION
CERVIX	POST ANT ML ECTROPIAN	CMT FRIABLE INFLAMMATION CYST
		
UTERUS	AV RV ML R/L	TENDER MASS NODULAR ENLARGED
ADNEXA	PALPABLE	TENDER MASS FISSURE HEMORRHOID
RECTAL	_____	

LITERATURE/EDUCATION
 CONTRACEPTION _____ SBE _____
 CONDOM PACK _____ STD _____
 VAGINITIS _____
 SAFER SEX _____
 NUTRITION _____
 EXERCISE _____
 OTHER _____
 dT _____
 Hep B Vaccine _____
LAB VAGINAL PH _____
 KOH _____ NS _____
 PAP _____ GC _____
 CHLAMYDIA _____ RPR _____
 CHEMISTRY _____ CBC _____
 U/A _____ C/S _____ HCG _____
 LIPID PANEL _____
 OTHER _____

ASSESSMENT

PLAN/RX/TX/REFERRAL/FOLLOW UP

SIGNED _____